

**PLACER COUNTY
HEALTH AND HUMAN SERVICES
IN-HOME SUPPORTIVE SERVICES**

**ANTI – FRAUD
PLANNING PROPOSAL**



**Health and Human Services
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Component 1: IHSS Overpayments/Underpayments

California Welfare and Institution Code Section 12305.71 requires each county to establish a dedicated In Home Supportive Services Quality Assurance/Quality Improvement function or unit. All Counties are required to perform routine, scheduled reviews of IHSS for appropriate application of the IHSS/PCSP uniformity system, as well as IHSS rules and policies for assessing participant's needs for services (Attachment A). Case reviews (both in chart review and home visits) are conducted to ensure accurate assessment of need and authorized hours. In addition, QA staff participates with CDSS in data claim matches indicating potential overpayments, and to implement procedures to identify third-party liability.

Beginning in 2007, Placer County's Health and Human Services' QA staff has performed 250 desk reviews and 50 home visits annually as well as participated with CDSS in Error Rate studies such as Death Match report information verification, Out-of-State provider report, etc. In addition, Placer County QA staff monitors "Provider Working Over 300 Hours" per month reports. All of these methods are used to assist in overpayment detection on the part of the county. All overpayment/underpayments activity is reported to CDSS on the QA Quarterly Report (Attachment B).

Component 2: Fraud Referrals/Outcomes

Placer County QA-IHSS Fraud Policy and Procedure (Attachment C) includes collaborative efforts on the part of IHSS Caseworkers, Public Authority Registry Specialists, Quality Assurance, and Welfare Fraud Special Investigations Unit (SIU) to actively prevent and detect fraud activities. Placer County's current methodology for determining the appropriate agency for referral/investigation includes referring fraud referrals to the local Welfare SIU and following Local Fraud SIU protocol. In addition to on-going county fraud prevention and detection activities, on a quarterly basis, QA staff is mandated to report all fraud referral data to DHCS.

Component 3: Collaboration and Partnerships with District Attorney's Office (DAO)

Health and Human Services and the District Attorney's office currently collaborate on all types of public assistance fraud. Deputy District Attorneys are available and have met with HHS investigators providing counsel on an array of issues, from answering questions involving search warrants, to providing suggestions on investigative approaches, to legal opinions, and to determine if investigations are ready for submission to the District Attorney's Office for charging. This collaboration will expand to include IHSS fraud cases. With the addition of another investigator to address this type of public assistance fraud, the level of collaboration and the number of referred cases should increase. Successful prosecution of individuals engaged in IHSS fraud will ultimately improve the integrity of the program and support deterrence efforts.

Component 4: Collaboration and Partnerships with California Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS)

Beginning in 2006, Placer County QA, IHSS Program, and Welfare Fraud SIU have worked collaboratively with DHCS in designing and implementing the protocols for addressing potential program fraud. Based on 2005 QA program requirements, all fraud referrals were to be summarized and reported quarterly (by number of referrals and potential overpayment amount) to DHCS.

Regarding IHSS Program collaboration with CDSS, when the State distributes new All County Letters (ACLs) and All County Information Notices (ACINs) which may include complex program changes and associated instructions, the IHSS Program Supervisor will contact CDSS representatives to obtain further clarification. If there is an existing IHSS regulation that is open to interpretation, the Supervisor will also contact CDSS for feedback. Additionally, Placer County seeks feedback from CDSS when writing policies and procedures. The IHSS Supervisor attends regional CWDA meetings, such as the Northern CWDA Meeting and the Long Term

Care Operations (LTCOPs) meeting. These meetings allow county representatives an opportunity to speak with State representatives and collaborate with them on new policies. The CDSS Quality Assurance Unit conducts a yearly audit of IHSS cases. During the audit, our county has the opportunity to discuss "best practices" and ask questions. Of note, the CDSS Quality Assurance Unit visited Placer County in August of 2008 for the express purpose of training new State Q.A. workers. Placer County provides ongoing feedback, as requested, by CDSS through other methods as well. For example, our county recently provided a copy of our IHSS Provider Handbook to CDSS to help in the implementation of the new required IHSS Provider Orientation.

Placer County intends on continuing to collaborate with DHCS and CDSS on data gathering of fraud referrals, joint investigations when needed as well as provide prosecution data of fraud cases.

Component 5: Mechanism for Tracking/Reporting

Please reference Attachments A through F for examples of tools used to track and report outcomes of our Fraud efforts reporting to CDSS.

- A. IHSS QA Quality Improvement Plan – FY2009/2010 QA Work Plan
- B. IHSS Placer County Quarterly Report - Q4 FY2008/2009 submission
- C. IHSS QA Fraud Policy and Procedure – Revised May 7, 2009
- D. Fraud Prevention Detection and Investigation brochure – mass-mailed to all IHSS recipients in 2007, presented by caseworkers at all intake interviews and QA home visits, and presented to all new providers at Orientation and Enrollment
- E. Fraud Information form – signed by the IHSS Recipient in the presence of the IHSS Caseworker at the initial intake Home Visit

- F. IHSS QA Fraud Referral Summary – submitted with each State Quarterly Report by
IHSS QA staff

Component 6: County's Current and Proposed Anti-Fraud Activities

Current Practice: Placer County's current fraud detection/prevention activities (Attachment C) include an early intervention model which includes a collaborative effort between Public Authority, IHSS Program Staff, QA staff, and Welfare Fraud Investigations. At Provider Orientation and Enrolment, providers are informed of program rules and the activities that constitute program fraud, IHSS Program Staff inform Recipients of fraud prevention and detection in Placer County and requires a signature of advisement (Attachment E), QA Staff provides informational brochures on fraud (Attachment D), and routine QA mandated activities address fraud by reviewing needs assessments and authorization of services during desk reviews and home visits. Placer County currently conducts error rates studies collaboratively with CDSS in the form of death match reports and out of county provider reports. In addition, Placer County will utilize all available data monitoring capabilities provided by CMIPS II.

In addition, Placer County uses the following documents and forms to document reported fraud referrals and ongoing investigations. Please refer to Attachments G through L:

- G. IHSS QA Initial Fraud Reporting Summary – telephone triage document completed by
QA clerical staff
- H. IHSS / QA – Access Fraud Call Log – maintained by QA Clerical Staff using item E
above
- I. IHSS QA Home Visit Summary – documentation completed by QA staff at recipient QA
home visit
- J. IHSS Overpayment Computation Worksheet – completed by QA staff following fraud
investigation and before prosecution
- K. IHSS / QA Fraud Referral Year-to-Date – maintained by IHSS QA Staff

- L. IHSS / PA Fraud Investigation Referral – completed by IHSS and PA staff and submitted to IHSS QA staff for follow up

Proposed Changes: Placer County's Health and Human Services Special Investigation Unit (SIU) currently investigates all cases of suspected IHSS fraud. Unlike other forms of public assistance fraud, currently, Placer County has limited early fraud approaches designed specifically to prevent, detect, and deter IHSS fraud. It is our goal to develop a strategic and innovative approach by implementing an early intervention program exclusively designed to ensure program integrity within the IHSS program by adding a dedicated full-time IHSS fraud investigator and an IHSS Fraud Coordinator. Increasing the current staffing level of the SIU will assist the unit in dedicating a full-time investigator to support the program integrity efforts of IHSS. In addition, the establishment of an IHSS Fraud Coordinator will ensure a comprehensive and consistent approach to preventing, detecting, and investigating potential fraud among the multitude of county players. The IHSS Fraud Coordinator will lead an IHSS Quality Assurance Task Force to bring each of the appropriate county units together including the front end IHSS social workers, IHSS Public Authority staff, IHSS Quality Assurance Unit, SIU, and the District Attorney's office. Doing so will enable greater collaboration among the county units while fostering innovative solutions to deter fraud.

Additional investigative tools such as a "Suspected IHSS Fraud Hotline" and enhancing the county's website demonstrating our dedication to program integrity will be utilized. The Placer County Compliance Plan was designed to establish a culture that promotes prevention, detection, and resolution of instances of conduct that do not conform to Federal and State laws, and ethical business policies. The Compliance Plan covers all County employees and contract workers. Use of the County Compliance Hot Line (530) 886-3622 will be expanded to include reporting IHSS fraud and abuse as one of the proposed anti-fraud activities. Additional mailings, identifying the IHSS Hot Line number, to all recipients and providers has been

proposed to further address the issue of IHSS fraud prevention and deterrence. The Hot Line number will also be placed on the Placer County District Attorney's and Welfare Fraud's website. The websites will be enhanced to include information on specific signs and symptoms of fraud and abuse to educate the general public as well as IHSS recipients and providers. We are also proposing the establishment of IHSS Fraud Referral "Reward" program; thereby encouraging input from the community to deter and prevent fraud.

As well as these investigative duties, the addition of investigation staff will support IHSS program staff by developing and implementing an enhanced training program for IHSS recipients, care providers, and social workers. Investigative staff will collaborate with Quality Assurance staff, Public Authority staff, Adult Protective Services staff, and IHSS caseworker staff to identify fraud indicators and trends so that the prevention of fraudulent activity as well as the successful identification of fraud at the earliest stages will curtail program abuse. Welfare Fraud staff representation will be included at the IHSS Provider Orientation Training for similar prevention purposes. The IHSS Fraud Coordinator will assure that these efforts are coordinated among units to maximize IHSS program integrity in the most effective and efficient manner.

Component 7: County Proposed Budget for Utilization of Funds

IHSS Fraud Investigator	
Salaries & Benefits	Amount
Salaries	\$ 71,036
Benefits	\$ 39,780
Subtotal	\$110,816
Operating Equipment	Amount
Badge	\$ 300
Ammunition	\$ 300
Firearm	\$ 800
Body Armor	\$ 1,000
Computer	\$ 3,000
Office Furniture	\$ 5,000
Travel and Training	\$ 20,000
Vehicle	\$ 27,000
Subtotal	\$ 57,400

Total	<u>\$168,216</u>
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IHSS Fraud Coordinator

<u>Salaries & Benefits</u>	<u>Amount</u>
Salaries	\$ 52,011
Benefits	\$ 33,736
Total	<u>\$85,747</u>

Grand Total: \$253,963

Component 8: Description of how the County will integrate Other Program Integrity Efforts within the Plan

Placer County is currently underway with integrating other state identified program integrity efforts. We are diligently working with our Risk Management Department to facilitate the identification requirements through fingerprinting recipients for identification purposes; and fingerprinting providers and processing Department of Justice background clearances. Risk Management currently provides for fingerprinting registry providers and also processing their DOJ background clearances. Fingerprinting of all providers and recipients will be an expansion of these services.

We are currently in discussions with IHSS Public Authority staff regarding the new requirement that all providers attend an orientation; and managing the new provider requirements related to the provider enrollment process and the use of the new/expanded provider enrollment form. Currently IHSS Public Authority staff conducts a required orientation for registry providers and a voluntary orientation for non-registry providers. This staff also conducts provider enrollment for all providers. Taking on the required orientation for all providers and the requirements related to the provider enrollment process and the use of the new/expanded provider enrollment form will be an expansion of these services.

Component 9: Annual Outcomes Report

As evidenced by our regular reporting on all required data elements related to our IHSS QA Plan, we will fully comply with all data required by the Annual Outcomes Report, including identifying activities, data and outcomes associated with Placer County's efforts to mitigate, prevent, detect, investigate and prosecute IHSS fraud during the previous fiscal year.

Component 10: Data Reporting Spreadsheet

Please refer to Enclosure D for the Data Reporting information.

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Enclosure B

COUNTY RESPONSE COVER PAGE – MUST BE FULLY COMPLETED AND
SUBMITTED WITH PLAN AND DATA

Placer County is requesting participation in the Enhanced Anti-Fraud Program
and will submit a Plan and Data as described above, by November 1, 2009.

Board of Supervisor Approval

Approved on 10-20-09, 2009, by the County Board of Supervisors

Name of Approver: _____

Signature _____

✓ Name of County District Attorney Representative: BRAD FENOCCHIO

County District Attorney Representative Telephone #: 916-543-8040

Email Address: BFENOCCH@PLACER.CA.GOV

✓ Name of County Welfare Department Representative: CHERYL S. DAVIS

County Welfare Department Representative Telephone #: 530-889-~~7660~~

Email Address: CDAVIS@PLACER.CA.GOV

7660

CHECKLIST OF REQUIRED COMPONENTS TO BE INCLUDED IN THE PLAN

NOTE: Failure to include any of the following required components in the Plan, as outlined in Enclosure C, may result in non-award of funds:

X IHSS Overpayments/Underpayments Activities and Data

X IHSS Fraud Referrals/Outcomes Activities and Data

X Collaboration and Partnerships with District Attorney's Office (DAO) related to the IHSS Program

X County Collaboration and Partnerships with California Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS) related to the IHSS Program

X Mechanism for Tracking/Reporting IHSS Fraud Data and Activities

X County's Current and Proposed Anti-Fraud Activities related to the IHSS Program

X County Proposed Budget for Utilization of Funds (use Enclosure A as a guideline)

X Description of how the County will integrate other Program Integrity Efforts into the Plan

X Commitment to produce an Annual Outcomes Report (due August 1 of each year)

X Data Reporting Spreadsheet (Enclosure D – includes data from 2004 to present)

Enclosure C

LIST OF REQUIRED COUNTY PLAN COMPONENTS

IHSS Overpayments/Underpayments

The plan must address how the county will identify overpayments/underpayments and set forth a plan to reduce the occurrence of each. In addition, Enclosure D must be completed to include the number of instances, amounts, and causes of overpayments and underpayments identified by County Quality Assurance (QA) activities since enactment of the QA Initiative in 2004 to the present to establish a county baseline for outcome comparison post July 1, 2010.

Fraud Referrals/Outcomes

The plan should include the county's methodology for determining the appropriate agency for referral/investigation. In addition, Enclosure D must be completed that includes the number of suspected fraud referrals to the state Department of Health Care Services (DHCS), the number of suspected fraud cases handled locally, the number of convictions for fraud, the amount of funds involved in the convictions, the amount recovered, the basis for the conviction, and the individuals responsible (i.e., provider, recipient, county worker, etc.). The data is requested for the period since enactment of the QA Initiative in 2004 to the present to establish a county baseline for outcome comparison post July 1, 2010.

Collaboration and Partnerships with District Attorney's Office (DAO)

The plan should address how the county will improve the integrity of the IHSS program through IHSS fraud detection/prevention/referral activities in SFY 2009-10. Any examples of past efforts that produced successful outcomes could be included in the description of this section.

Collaboration and Partnerships with California Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS)

The plan should address how the county will collaborate with DHCS and CDSS on such issues as referrals, joint investigations, prosecutions, etc. The plan should include how referrals to DHCS will be tracked.

Mechanism for Tracking/Reporting

Each county must commit to track and report outcomes of its efforts to CDSS. Participating counties will be required to submit final data for SFY 2009-10 by August 1, 2010, in a format that will be shared later with participating counties. Counties will be required to submit a plan each year on June 1st in order to be considered for continued funding for this program. The plan should include any updates to the previous year's plan, as well as an agreement to continue tracking, reporting, and submitting final data for the previous fiscal year to CDSS by August 1.

County's Current and Proposed Anti-Fraud Activities

The plan must briefly describe the county's current fraud detection/prevention activities as well as proposals for future fraud detection/prevention activities, including possible error rate studies.

County Proposed Budget for Utilization of Funds

The plan must include a budget that outlines use of funding by activity and agency. Counties may use Enclosure A as a guideline for developing a budget; however the amount of funding may vary depending on the number of counties participating.

Description of how the County will Integrate Other Program Integrity Efforts within the Plan

The plan must include a brief statement as to how the County will integrate their plans for use of these funds with other program integrity efforts, including the anti-fraud components provided in the State Budget Act of 2009 for the IHSS program.

Annual Outcomes Report

All participating counties will be asked to provide an annual outcomes report by August 1 of each year, identifying activities, data and outcomes associated with the county efforts to mitigate, prevent, detect, investigate and prosecute IHSS fraud during the previous fiscal year. CDSS will send the format to each participating county in January 2010.

Enclosure D

County: County of Placer

Overpayments identified by County QA		04/05	05/06	06/07	07/08	08/09
Total Amount per Fiscal Year:		0	0	0	0	0
Number of Instances:		0	0	0	0	0
Breakdown of Causes	Provider:	0	0	0	0	0
	Recipient:	0	0	0	0	0
	County Error:	0	0	0	0	0
	Unknown:	0	0	0	0	0
	Other:	0	0	0	0	0

Underpayments identified by County QA		04/05	05/06	06/07	07/08	08/09
Total Amount per Fiscal Year:		0	0	0	0	0
Number of Instances:		0	0	0	0	0
Breakdown of Causes	Provider:	0	0	0	0	0
	Recipient:	0	0	0	0	0
	County Error:	0	0	0	0	0
	Unknown:	0	0	0	0	0
	Other:	0	0	0	0	0

Fraud Referrals/Outcomes		04/05	05/06	06/07	07/08	08/09
Number of referrals to DHCS:		0	0	0	0	0
Number handled locally by DA:		0	6*	13*	27*	15*
Number of convictions:		0	0	0	0	0
Court Ordered Restitution:		0	0	0	0	0
Amount of funds involved in the convictions:		0	0	0	0	0
Amount of funds recovered:		0	0	0	0	0
Amount of funds pending recovery:		0	0	0	0	\$5,267.
Basis for the Conviction:		0	0	0	0	0
Individuals Responsible	Recipient:	0	0	0	0	0
	Provider:	0	0	0	0	0
	County Staff:	0	0	0	0	0
	Other:	0	0	0	0	0
	Unknown:	0	0	0	0	0

* Referrals handled by county Fraud Investigator

Enclosure D
Page Two

Utilization of County DA for Fraud		04/05	05/06	06/07	07/08	08/09
Documented referrals to DA*		0	0	0	0	0
Outcomes	Accepted:	0	0	0	0	0
	Rejected:	0	0	0	0	0
	Pending:	0	0	0	0	0
	Completed Investigation	0	0	0	0	0
	No Fraud:	0	0	0	0	0
	Restitution Action:	0	0	0	0	0
	Referred for Prosecution:	0	0	0	0	0
	Criminal Charges Filed:	0	0	0	0	0
	No Charged Filed:	0	0	0	0	0
	Convictions:	0	0	0	0	0
	Acquittals:	0	0	0	0	0
	Dismissals:	0	0	0	0	0
	Pending Investigation:	0	0	0	0	0
	Restitution	0	0	0	0	0
	Court Ordered:	0	0	0	0	0
	Restitution Action:	0	0	0	0	0
	Fines	0	0	0	0	0
	Prosecutions Completed	0	0	0	0	0
	Convictions	0	0	0	0	0
	Misdemeanor	0	0	0	0	0
	Felony	0	0	0	0	0

Budget Justification
Placer County's Fraud Funding Plan for FY 2009-10

Budget Section	Total
A. Personnel Costs (includes employee benefits)	\$ 172829
B. Operating Expenses	\$ 57400
C. Equipment Expenses	\$
D. Travel/Per Diem and Training	\$
E. Subcontracts and Consultants	\$
F. Other Costs	\$
G. Indirect Expenses	\$
Total Expenses	\$ 230,229

A. Personnel Costs (including employee benefits)	Total Budget
Title: IHSS Fraud Investigator Salary Calculation: \$87,082 Duties Description: Development and implementing an enhanced training program for IHSS recipients, care providers, and social workers. Investigative staff will collaborate with Quality Assurance staff, Public Authority staff, Adult Protective Services staff, and IHSS caseworker staff to identify fraud indicators and trends so that the prevention of fraudulent activity as well as the successful identification of fraud at the earliest stages will curtail program abuse.	\$ 87,082
Title: IHSS Fraud Coordinator Salary Calculation: \$85,747 Duties Description: The IHSS Fraud Coordinator will lead an IHSS Quality Assurance Task Force to bring each of the appropriate county units together including the front end IHSS social workers, IHSS Public Authority staff, IHSS Quality Assurance Unit, SIU, and the District Attorney's office.	\$ 85,747
Title: Salary Calculation: Duties Description:	\$
Title: Salary Calculation: Duties Description:	\$
Title: Salary Calculation: Duties Description:	\$
Title: Salary Calculation:	\$

Duties Description:	
Total Personnel Costs:	\$

B. Operating Expenses	Total Budget
Title:	\$
Description:	
Title:	\$
Description:	
Title:	\$
Description:	
Total Operating Expenses:	\$

C. Equipment Expenses	Total Budget
Title: Operating Equipment	\$ 57400
Description: Badge = \$300, Ammunition \$300, Firearm = \$800, Body Armor = \$1,000, Computer = \$3,000, Office Furniture = \$5,000, Travel and Training = \$20,000, Vehicle = \$27,000.	
Title:	\$
Description:	
Title:	\$
Description:	
Total Equipment Expenses:	\$

D. Travel/Per Diem and Training	Total Budget
Title:	\$
Description:	
Title:	\$
Description:	
Title:	\$
Description:	

Total Travel/Per Diem and Training:	\$
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E. Subcontracts and Consultants	Total Budget
Title:	\$
Description:	
Title:	\$
Description:	
Title:	\$
Description:	
Total Subcontracts and Consultants:	\$

F. Other Costs	Total Budget
Title:	\$
Description:	
Title:	\$
Description:	
Title:	\$
Description:	
Title:	\$
Description:	
Title:	\$
Description:	
Total Other Costs:	\$

G. Indirect Expenses	Total Budget
Title:	\$
Description:	
Title:	\$

Description:	
Total Other Costs:	\$